

CLOSURE ASSESSMENT REPORT**FOR
TANKS
IN KY**

Return Completed Form To:
Division of Waste Management
Underground Storage Tank Branch
14 Reilly Road
Frankfort, KY 40601-1190
502-564-6716 OR 800-928-4273

STATE USE ONLY

Complete and return this form with all requested information within ninety (90) days of underground storage tank system closure.

OWNER NAME

UST FACILITY ID# (IF ID# IS UNKNOWN, CONTACT THE ABOVE AGENCY)

MAILING ADDRESS

FACILITY NAME OR COMPANY SITE IDENTIFIER

CITY

STATE

ZIP CODE

STREET, COUNTY ROAD, HIGHWAY, OR STATE ROAD

AREA CODE/TELEPHONE NUMBER

CITY

STATE

ZIP CODE

CONTACT PERSON

COUNTY

TANK SYSTEM INFORMATION

Number of tanks/piping systems closed _____ ☐ Removed from Ground ☐ Closed in Place Date: (m/d/y) ____ / ____ / ____

Contractor who Permanently Closed Tank System: _____ Certified Remover # _____

CLOSURE INFORMATION REQUESTED**EXCAVATION CONDITION**

PIT NUMBER	TANK NUMBER	SIZE IN GALLONS	DATE INSTALLED	LIST ALL CONTENTS EVER STORED IN TANK AND PIPING SYSTEM	PREVIOUSLY REGISTERED TANK		FREE PRODUCT		NOTABLE ODOR		VISIBLE SOIL CONTAMINATION	
					YES	NO	YES	NO	YES	NO	YES	NO

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE OF REGISTERED PROFESSIONAL ENGINEER OR REGISTERED PROFESSIONAL GEOLOGIST: _____ DATE SIGNED: _____

NAME AND TITLE: _____ REGISTRATION # AND DATE: _____

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UST FACILITY ID# _____ FACILITY NAME: _____

TANK# _____ PIT# _____ Tank contents present at time of closure activities: YES _____ NO _____ Volume in gallons: _____
 Method of Tank Contents Removal: _____
 Disposal location: _____ Receipt: YES _____ NO _____

Residual Tank Materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
 Analytical Method(s): _____ COC _____ Volume in gallons: _____
 Disposal Location: _____
 EPA ID# _____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO _____

Cleaning liquids/materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
 Analytical Method(s): _____ COC _____ Volume in gallons: _____
 Disposal Location: _____ EPA ID# _____
 Residual tank material combined with cleaning liquid/materials for disposal ✓ here YES _____ NO _____ Manifest signed by a representative of receiving facility:
 YES _____ NO _____

Disposal location for tank and/or piping: _____ For closed in place, inert material used to fill tank and/or piping _____
 Receipt: YES _____ NO _____ Describe condition of tank and/or piping: _____

TANK# _____ PIT# _____ Tank contents present at time of closure activities: YES _____ NO _____ Volume in gallons: _____
 Method of Tank Contents Removal: _____
 Disposal location: _____ Receipt: YES _____ NO _____

Residual Tank Materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
 Analytical Method(s): _____ COC _____ Volume in gallons: _____
 Disposal Location: _____
 EPA ID# _____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO _____

Cleaning liquids/materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
 Analytical Method(s): _____ COC _____ Volume in gallons: _____
 Disposal Location: _____ EPA ID# _____
 Residual tank material combined with cleaning liquid/materials for disposal ✓ here YES _____ NO _____ Manifest signed by a representative of receiving facility:
 YES _____ NO _____

Disposal location for tank and/or piping: _____ For closed in place, inert material used to fill tank and/or piping _____
 Receipt: YES _____ NO _____ Describe condition of tank and/or piping: _____

TANK# _____ PIT# _____ Tank contents present at time of closure activities: YES _____ NO _____ Volume in gallons: _____
 Method of Tank Contents Removal: _____
 Disposal location: _____ Receipt: YES _____ NO _____

Residual Tank Materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
 Analytical Method(s): _____ COC _____ Volume in gallons: _____
 Disposal Location: _____
 EPA ID# _____ Receipt or Manifest signed by a representative of receiving facility: YES _____ NO _____

Cleaning liquids/materials: YES _____ NO _____ Analyzed for TCLP: YES _____ NO _____ Declared Hazardous: YES _____ NO _____
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 Disposal Location: _____ EPA ID# _____
 Residual tank material combined with cleaning liquid/materials for disposal ✓ here YES _____ NO _____
 Manifest signed by a representative of receiving facility: YES _____ NO _____

Disposal location for tank and/or piping: _____ For closed in place, inert material used to fill tank and/or piping _____
 Receipt: YES _____ NO _____ Describe condition of tank and/or piping: _____

<p align="center">CLOSURE ASSESSMENT REPORT, PAGE THREE</p>		
<p>DEP4058/07/95</p>		
<p>UST FACILITY ID# _____</p>	<p>FACILITY NAME: _____</p>	<p>PIT # _____</p>

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UST FACILITY ID# _____	FACILITY NAME: _____	PIT # _____

CLOSURE ASSESSMENT REPORT, PAGE THREE		
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UST FACILITY ID# _____	FACILITY NAME: _____	PIT # _____

Disposal location for soils: _____ Amount of soils disposed (yds³ or tons): _____
 Receipt/Manifest: YES _____ NO _____ List all regulated substances ever stored in tanks or piping associated with this pit: _____

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 Receipt/Manifest: YES _____ NO _____ List all regulated substances ever stored in tanks or piping associated with this pit: _____

IN COLUMNS, PROVIDE ACTUAL ANALYSIS RESULT FOR WALLS, BOTTOM, PIPING TRENCH, BACKGROUND AND EXCAVATED MATERIAL SAMPLES FOR THE MOST RECENT SAMPLING DATE:

[illegible]

CLOSURE ASSESSMENT REPORT, PAGE FOUR**DEP4058/07/95****UST FACILITY ID#** _____ **FACILITY NAME:** _____ **PIT #** _____

Analytical Method(s) for Soil Analysis: _____ Class _____ Table or Matrix _____

ALLOWABLE SOIL LEVELS	B	T	E	X	C-PAH	N-PAH	LEAD	NAPTH

If Class IV: Depth to groundwater: _____ Distance to receptors: _____ Soil Type: _____

Groundwater in excavation: YES _____ NO _____ Other water in excavation: YES _____ NO _____ Description: _____

Downgradient groundwater sampling required: YES _____ NO _____

COMPLETE THE FOLLOWING INFORMATION FOR ALL GROUNDWATER OR PIT WATER ANALYZED.

COC: ✓ BOX IF ATTACHED	SAMPLING LOCATION	B	T	E	X	C-PAH	N-PAH	LEAD	NAPTH	DATE COLLECTED	DATE RECEIVED	DATE ANALYZED	DATE EXTRACTED
	DOWNGRADIENT GROUNDWATER												
	PIT WATER												

Name of Certified Monitor Well Driller: _____ Certified Driller # _____

Analytical Method(s) for Water Analysis: _____

ALLOWABLE GROUNDWATER LEVELS	B	T	E	X	C-PAH	N-PAH	LEAD	NAPTH

Disposal location for water: _____ Receipt: YES _____ NO _____ Permit: YES _____ NO _____

If not disposed, explain: _____